. 10/108 218												
	A			cket/Num								
)	6851-2 1702											
SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY												
	RATE	FEE		RATE	FEE							
	BASIC FEE	370.00	OR	BASIC FEE	740.00							
	X\$ 9=	423	OR	X\$18=								
	X42=		OR	X84=								
۱	+140=		OR	+280=								
•	TOTAL	793	OR	TOTAL								
	OTHER THAN SMALL ENTITY OR SMALL ENTITY											
	RAȚE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
I	X\$ 9=		OR	X\$18=								
	X42=		OR	X84=								
	+140=,		OR	+280=								
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE								
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	X\$ 9=		OR	X\$18=								
	X42=		OR	X84=								
-	+140=		OR	+280=								

	PAIENIA	Effecti	ive Octobe			N RECU	RD	6-	851			F2-
CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL EN		OR	OTHER SMALL		
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR	3		NUMBER FILED		NUMBER EXTRA		F	BASIC FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGEA	BLE CLAIMS	( 7 minus 20=		• 47			X\$ 9=	423	OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	793	OR	TOTAL	
1-	23-cle c	LAIMS AS A (Column 1)	MENDED	(Colu	mn 2)	(Column 3)		SMALL I	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 67	Minus	** (	2	= =	li	X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus	***	3	= (		X42=		OR	X84=	
L	FIRST PRESE	NIATION OF M	OLTIPLE DE	PENUEN	T CLAIM			+140=.		OR	+280=	
				•			,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		2	11	X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	PENDEN	IT CLAIM	<u> -</u>	1	X42=		OR	X84=	
٢							•	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)	4			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU. PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	T 0: 1::	-	<b>↓</b> ]	X42=		OR	X84=	
IL	THINST PRES	ENTATION OF M	NULTIPLE DE	PENDE	NI CLAIM		J		<del></del>	1 ~ ` `		<del> </del>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+280=

TOTAL

+140=